

## Greater Glasgow and Clyde NHS Board

### Board Meeting

Tuesday, 24<sup>th</sup> October, 2006

Board Paper No. 2006/61

#### Acute Services Division - Chief Operating Officer

## WAITING TIMES

### Recommendation:

Members are asked to note progress.

#### A. BACKGROUND

At the February 2006 meeting, the Board noted that the National targets that we now need to address are:

By the end of 2006

- No patient will wait more than eighteen weeks from a decision to undertake treatment to the start of that treatment. (The current maximum wait guarantee stands at 26 weeks from January 2006);

By the end of 2007

- No patient will wait more than eighteen weeks from GP referral to an outpatient appointment. (The current maximum wait guarantee stands at 26 weeks from January 2006);
- Shorter maximum waiting times are being introduced for specific conditions:
  - Eighteen weeks from referral to completion of treatment for cataract surgery.
  - Four hours from arrival to admission, discharge or transfer for Accident and Emergency treatment.
  - Twenty-four hours from admission to a specialist unit for hip surgery following fracture.
  - Sixteen weeks from GP referral through a rapid access chest pain clinic or equivalent, to **cardiac** intervention.
- Availability Status Codes (ASCs) will also be abolished by the end of 2007.
- 9 week diagnostic standards

New standards have been set for patients waiting for diagnostic tests and procedures. This means patients will wait no longer than 18 weeks - including diagnostic tests - as outpatients or inpatient/day cases by the end of 2007. The new standards apply to CT, MRI, ultrasound and barium scans as well as four procedures using an endoscope or micro camera to look inside the body: upper endoscopy, cystoscopy, sigmoidoscopy and colonoscopy.

#### Current Targets and Guarantees

- Also, to continue to deliver and sustain all existing targets and guarantees e.g. cancer and CHD specific

## **B. NEW WAYS OF MONITORING AND REPORTING**

We reported to the February 2006 meeting, that given the range and scope of the new targets, that we will need to define new ways of monitoring and reporting to each Board meeting.

From the final quarter of 2005/06, we revised our reporting for inpatients and day cases from waits over 26 weeks to waits over **18 weeks**. The reporting of ASCs did not change. This is set out in tables 1 and 2 in section C. Similarly, for outpatients, we revised our reporting from waits over 26 weeks to waits over **18 weeks**. This is set out in table 3 in section C.

Although we will not formally report on sustaining the 26 week guarantee, our existing monitoring arrangements will closely scrutinise performance in this area.

We have now changed the contents of tables 1 to 3 to reflect the:

- New single system way of working
- Integration of “Clyde”

Therefore, we have now changed from reporting on the previous North, South and Yorkhill Operating Divisions to reporting for each of the new Directorates of the Acute Services Division (ASD), as follows:

- Emergency Care and Medical Services
- Oral Health
- Regional Services
- Surgery and Anaesthetics
- Women and Children’s Services
- Clyde Acute Services
- Rehabilitation and Assessment (outpatients only)
- Diagnostics (outpatients only)

We are still defining how we will report on the **other new targets** and also how this will be reported on in the new single system way of working.

## **C. CURRENT WAITING TIME FOR INPATIENTS AND DAY CASES**

- The numbers of patients waiting over 18 weeks at 31 August 2006 is presented in table 1 for patients waiting without availability status codes (ASCs). Table 2 presents the numbers of patients with ASCs - e.g. where a patient has asked to defer admission.

**EMBARGOED UNTIL DATE OF MEETING.**

Table 1 - Current **IP/DC** waiting **>18 weeks** - All NHS Board residents **without** ASCs

<b>Acute Directorate</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Aug-06</b>	<b>Jul - Aug Variance</b>	<b>% Variance</b>
Emergency Care and Medical	2	9	17	+8	+89%
Oral Health	42	28	31	+3	+11%
Regional Services	48	77	64	-13	-17%
Surgery and Anaesthetics	550	678	512	-166	-24%
Women and Children's Services	54	91	66	-25	-27%
<b>Sub-total</b>	<b>696</b>	<b>883</b>	<b>690</b>	<b>-193</b>	<b>-22%</b>
Clyde Acute Services	243	206	166	-40	-19%
<b>Total</b>	<b>939</b>	<b>1,089</b>	<b>856</b>	<b>-233</b>	<b>-21%</b>

The number of inpatients and day cases waiting over 18 weeks reduced by 233 or 21%, between July and August.

Table 2 - Current **total IP/DC** waiting - All NHS Board residents **with** ASCs

<b>Acute Directorate</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Aug-06</b>	<b>Jul - Aug Variance</b>	<b>% Variance</b>
Emergency Care and Medical	252	251	228	-23	-9%
Oral Health	261	297	268	-29	-10%
Regional Services	1,123	996	922	-74	-7%
Surgery and Anaesthetics	7,379	7,461	7,360	-101	-1%
Women and Children's Services	1,013	1,028	1,102	-74	-7%
<b>Sub-total</b>	<b>10,028</b>	<b>10,033</b>	<b>9,880</b>	<b>-153</b>	<b>-2%</b>
Clyde Acute Services	1,963	1,980	2,008	+28	+1%
<b>Total</b>	<b>11,991</b>	<b>12,013</b>	<b>11,888</b>	<b>-125</b>	<b>-1%</b>

The total number of inpatients and day cases waiting with ASC codes decreased by 125 or 1% between July and August 2006.

**Additional information to differentiate between ASC codes**

- Schedule 1 to this paper presents a definition of each ASC.
- Schedule 2 presents the waiting list position for patients with ASCs at 31 August, 2006

As with the new reporting formats for tables 1 to 3 alluded to earlier, Schedule 2 has also changed from reporting on the previous North, South and Yorkhill Operating Divisions to reporting for each of the new Directorates of the Acute Services Division (ASD).

**D. CURRENT WAITING TIME FOR NEW OUTPATIENTS**

Table 3 - Current **outpatients** waiting **>18 weeks** - All NHS Board residents - All Referrals

<b>Acute Directorate</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Aug-06</b>	<b>Jul - Aug Variance</b>	<b>% Variance</b>
Emergency Care and Medical	658	1,051	1,191	+140	+13%
Oral Health	1	2	1	-1	-50%
Regional Services	146	153	169	+16	+10%
Surgery and Anaesthetics	1,182	1,417	1,320	-97	-7%
Women and Children's Services	203	520	555	+35	+7%
Rehabilitation and Assessment	3	0	0	0	0%
Diagnostics	19	33	10	-23	-70%
<b>Sub-total</b>	<b>2,226</b>	<b>3,176</b>	<b>3,246</b>	<b>+70</b>	<b>+2%</b>
Clyde Acute Services	430	623	725	+102	+16%
<b>Total</b>	<b>2,656</b>	<b>3,799</b>	<b>3,971</b>	<b>+172</b>	<b>+5%</b>

The number of outpatients waiting over 18 weeks increased by 172 or 5%, between July and August.

**E. 2006/07 WAITING TIME PLANS AND LOCAL DELIVERY PLANS (LDP)**

- We submitted our plans for delivery of all of the other new waiting time targets via the Local Delivery Plan submission to the SEHD
- We have highlighted in our submission that the plans for some of the targets are presented on an interim basis and are currently subject to review
- Separate plans have been submitted for NHS Greater Glasgow and NHS Argyll and Clyde as previously constituted - as requested by the SEHD
- A unified NHS Greater Glasgow and Clyde Local Delivery Plan will be produced and operate from 2007/08 (we reported on this in the April Board Paper in Section H - NHS Greater Glasgow and Clyde)

**F. WEEKLY WAITING TIME REPORTING**

Weekly waiting time reporting to the National Access Support Team (formerly the NWTU) of the new Delivery Directorate at the SEHD, in the run up to achieving no inpatient or day case (without an ASC) waiting in excess 18 weeks by 31 December 2006, commenced on 11 October 2006.

**AVAILABILITY STATUS CODES (ASCs) DEFINITIONS**

2	Where the patient has asked to delay admission for personal reasons or has refused a reasonable offer of admission.	Considered mainly PATIENT driven
3	In individual cases where, after discussion with the patient, the treatment has been judged of low clinical priority.	Considered mainly SERVICE driven
4	With highly specialised treatments identified at the time of placing the patient on the waiting list.	Considered mainly SERVICE driven
8	Where the patient did not attend nor give any prior warning.	Considered mainly PATIENT driven
9	In circumstances of exceptional strain on the NHS such as a major disaster, major epidemic or outbreak of infection, or service disruption caused by industrial action.	Considered mainly SERVICE driven
A	Patients under medical constraints (condition other than that requiring treatment) which affected their ability to accept and admission date, if offered.	Considered mainly PATIENT driven

**PATIENTS WAITING WITH AVAILABILITY STATUS CODES  
BY ACUTE SERVICES DIVISION DIRECTORATE - AUGUST 31, 2006**

(To be read in conjunction with ASC definitions - see Schedule 1)

**Table 1 - Total Inpatients/Day Cases Waiting**

ACUTE DIRECTORATE	ASC Code						Total
	2	3	4	8	9	A	
Emergency Care and Medical	94	0	5	80	0	49	228
Oral Health	131	0	8	79	0	50	268
Regional Services	403	0	170	152	0	197	922
Surgery and Anaesthetics	3,435	4	764	1,217	0	1,940	7,360
Women and Children's Services	345	392	66	117	0	182	1,102
<b>Sub-total</b>	<b>4,408</b>	<b>396</b>	<b>1,013</b>	<b>1,645</b>	<b>0</b>	<b>2,418</b>	<b>9,880</b>
<i>% Distribution by ASC</i>	<i>45%</i>	<i>4%</i>	<i>10%</i>	<i>17%</i>	<i>0%</i>	<i>24%</i>	<i>100%</i>
Clyde Acute Services	1,294	7	6	355	0	346	2,008
<i>% Distribution by ASC</i>	<i>65%</i>	<i>0%</i>	<i>0%</i>	<i>18%</i>	<i>0%</i>	<i>17%</i>	<i>%</i>
<b>Total</b>	<b>5,702</b>	<b>403</b>	<b>1,019</b>	<b>2,000</b>	<b>0</b>	<b>2,764</b>	<b>11,888</b>
<i>% Distribution by ASC</i>	<i>48%</i>	<i>3%</i>	<i>9%</i>	<i>17%</i>	<i>0%</i>	<i>23%</i>	<i>100%</i>

% Distribution by mainly PATIENT or SERVICE driven	Mainly PATIENT driven ASCs	Mainly SERVICE driven ASCs
	88%	12%